IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE: (	05/11/2008		IPRS (	CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 05/13/2008				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	5865	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2654	DUPLICATE OF CLAIM-SYSTEM	7	15013	31186	16173
		8534	2304	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
3404904	WESTERN HIGHLAN	8536	1070	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
	DS LME			VALID FOR SUBMITTED BILLING PR				
		8326	421	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	1731	17370	15639
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910		8800	256	FURTHER PROCESSING NECESSARY,				
3404910	PATHWAYS	8800	230	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	49	DUPLICATE OF CLAIM-SYSTEM	1	409	3486	3077
		11	47	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	ENTAD HEADT							
		8599	6	DETAIL NOT COVERED BY COMBINAT	0	30	2393	2363
				ION OF RECIPIENT, PROVIDER AND	0	30	2393	2303
				BENEFIT PACKAGE.				
		4102	5	YOU ARE ATTEMPTING TO ADJUST A				
				CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
	MECKLENBURG COM	21	2855	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8800	2300	FURTHER PROCESSING NECESSARY,	-			
				PLEASE CHECK FOR CLAIM ON	0	5663	12549	6886
				FUTURE RA'S.	_			
		8599	192	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	-			
3404916	CROSSROADS BEHA	8537	47	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
	VIORAL HEAL			SPECIALTY IN ACCORDANCE TO MEN				
		8800	14	EMPTHED DDOGESSING MEGEGGADY				
		-5500	-7	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	72	298	226
				FUTURE RA'S.				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
-				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	-			
3404917	CENTERPOINT HUM	8505	2557	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		21	E01	DUDITCATE OF CLAIM OVCORDA				
		21	501	DUPLICATE OF CLAIM-SYSTEM	0	4155	9561	5406
		8800	400	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				

	1	1		FUTURE RA'S.				
				FOIGHE RA 3.			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8326	558	ATTENDING PROVIDER NUMBER WAS				
	TAL HEALTHC			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	238	FURTHER PROCESSING NECESSARY,	(	876	3702	2826
				PLEASE CHECK FOR CLAIM ON		676	3702	2020
				FUTURE RA'S.				
		8534	69	SERVICE FACILITY LOCATION IS N				
			-	OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
2404000		0525	224	DROGERRY TO NOT DAVIDE DOD V				
3404920	ALAMANCE CASWEL L AREA MH D	8537	334	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
	D AKEA PILL D			SPECIALTY IN ACCORDANCE TO MEN				
		8599	166	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	(	674	6346	5672
				BENEFIT PACKAGE.				
		8505	67	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		+						
3404921	ORANGE PERSON C	8505	2983	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		21	186	DUPLICATE OF CLAIM-SYSTEM		3172	4334	1162
						3112	1331	1102
		120	1	CLIENT ID NUMBER MISSING OR IN				
		120	-	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404922	THE DURHAM CENT	21	2721	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8800	1052	FURTHER PROCESSING NECESSARY,	(	4047	9913	5866
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				TOTAL IN D.				
		8599	67	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8800	58	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		143	47	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE	C	242	2224	1982
		0500	45	DETAIL NOT COVERED BY COMBINAT				
		8599	45	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8800	1258	FURTHER PROCESSING NECESSARY,				
	R FOR MH/DD			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8518	161	*CLAIM DENIED. SUBMITTED BEYO	1	1759	13673	11914
				ND TIMELY FILING LIMIT				
				IN EFFECT FOR THIS FISCAL YEAR				
		8599	110	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	COLIMADA CARDAN DO	8536	57	ATTENDING PROVIDER TYPE AND SP				
	SOUTHEASTERN RE G MENTAL HL			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		22	E1	CERTIFICAL DESCRIPTION ASSESSMENT				
		23	51	SERVICE REQUIRES PRIOR APPROVA L	1	267	2279	2012
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
						1		1
				BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	TROVIDER REELE				Daning	DENTITED	111111111111111111111111111111111111111	THE
3404927	CUMBERLAND CO M	8599	113	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	22	DUPLICATE OF CLAIM-SYSTEM	0	183	1496	1313
		8664	15	SERVICE DENIED, LIMITATION HAS				
				BEEN EXCEEDED FOR THE FISCAL				
				YEAR.				
3404930	JOHNSTON COUNTY	8599	4	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
	Part III III III			BENEFIT PACKAGE.				
		0	0		0	1	1	0
					0		1	
3404931	<del> </del>	8329	5399	CLAIM DENIED ATTENDING PROVIDE				
	WAKE CO HUM SVC			R CANNOT BE THE SAME AS				
	BILLING OF			THE LMA				
	+		<del> </del>					
	+	8536	1000	ATTENDING PROVIDER TYPE AND SP				
<b> </b>	+	000	2000	ECIALTY COMBINATION IS NOT	9	7039	7591	552
			<b></b>					
<b> </b>				VALID FOR SUBMITTED BILLING PR				1
<b> </b>		0525	240	DOGODO VA NOTI FILIPA				
<b> </b>		8537	348	PROCEDURE IS NOT PAYABLE FOR Y				
<b> </b>	1			OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404933	SOUTHEASTERN CT	8505	4425	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	740	FURTHER PROCESSING NECESSARY,	0	5361	8755	3394
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	98	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONG! ON GADEEDEE	8505	643	CLAIM DENIED DUE TO INSUFFICIE				
	ONSLOW CARTERET BEHAV HEAL			NT BUDGET				
	daan vanad							
		8599	271	DETAIL NOT COVERED BY COMBINAT	0	1316	2096	780
				ION OF RECIPIENT, PROVIDER AND	0	1310	2096	780
				BENEFIT PACKAGE.				
		11	263	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	-		-					
	1							
3404935		0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
3404935		0	0	*** NO DATA TO REPORT ***				
3404935		0	0	*** NO DATA TO REPORT ***				
3404935		0	0	*** NO DATA TO REPORT ***	0	0	0	0
3404935		0	0	*** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR	0	0		0	0	0	0
	HEALTH CTR  THE BEACON CENT	0	0	*** NO DATA TO REPORT ***  *** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR	0	0		0	0	0	0
	HEALTH CTR  THE BEACON CENT	0	0		0	0	0	0
	HEALTH CTR  THE BEACON CENT	0	0					
	HEALTH CTR  THE BEACON CENT	0	0		0			
	HEALTH CTR  THE BEACON CENT	0	0					
3404936	HEALTH CTR  THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
3404936	HEALTH CTR  THE BEACON CENT	0	0					
	HEALTH CTR  THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM				
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0	0	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS		0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932 894	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932 894	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS  NOT SUBMITTED ON  THIS CLAIM OR THE NPI SUBMITTE  SUBMITTED BILLING PROVIDER IS	0	0	0	0
3404936	HEALTH CTR  THE BEACON CENT ER  THE BEACON CENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 932 894	*** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  ATTENDING PROVIDER NUMBER WAS  NOT SUBMITTED ON  THIS CLAIM OR THE NPI SUBMITTE  SUBMITTED BILLING PROVIDER IS  NOT ELIGIBLE FOR DATE OF	0	0	0	0

PROVIDER		HIGH DEVIN	MIMDER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939		8326	508	ATTENDING PROVIDER NUMBER WAS				
3404939	EAST CAROLINA B	0320	300	NOT SUBMITTED ON				
	EHAVIORAL H			THIS CLAIM OR THE NPI SUBMITTE				
		8800	369	FURTHER PROCESSING NECESSARY,	0	1259	5092	3833
				PLEASE CHECK FOR CLAIM ON		1233	3032	5055
				FUTURE RA'S.				
		21	203	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	11	39	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT	0	118	1683	1565
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	13	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944								
3404944	EASTPOINTE HUMA	8622	61	60 RESIDENTIAL LEVEL II TREATM				
	N SERVICES			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8534	21	SERVICE FACILITY LOCATION IS N				
		8534	21		0	105	2189	2084
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
		191	20	CLIENT ID NUMBER DOES NOT MATC				
		191	20	H PATIENT NAME				
				n PALLENI NAME				
			+		-		-	
3404946		21	909	DUPLICATE OF CLAIM-SYSTEM				
-101710	FOOTHILLS AREAM				-	-		
	ENTAL HEALT		+		1		-	
			+		-	-	1	
		167	145	NO CHARGE BILLED. ENTER BILLED	-	4 * * * *		1000
		10,	1	AMOUNT AND SUBMIT DETAIL AS	0	1381	3131	1750
			+	A NEW CLAIM	-	-	1	
		+	+	+	+	1	1	
		8534	82	SERVICE FACILITY LOCATION IS N	-	-	1	
			+	OT A VALID IPRS ATTENDING	-	-	1	
			+	PROVIDER, OR THE NPI SUBMITTED			1	
<b> </b>			+				1	
3404949	PIEDMONT BEHAVI	8326	1842	ATTENDING PROVIDER NUMBER WAS				
	ORAL HEALTH		_	NOT SUBMITTED ON				
			_	THIS CLAIM OR THE NPI SUBMITTE				
			_					
		8534	1124	SERVICE FACILITY LOCATION IS N	0	3589	4727	1138
			_	OT A VALID IPRS ATTENDING		3309	7/2/	1130
			-1	DROVIDED OF MIE NOT CHRAIMED	-	1	-	<b>—</b>
				PROVIDER, OR THE NPI SUBMITTED				
				PROVIDER, OR THE MPT SUBMITTED				
		191	265	CLIENT ID NUMBER DOES NOT MATC				